

E. PUBLIC INPUT

The current Wisconsin Title V MCH/CSHCN Program MCH Services Block Grant Application is found on the Department of Health and Family Services website at http://dhfs.wisconsin.gov/DPH_BFCH/BlockGrant/. The public and interested parties in MCH and CSHCN related services are encouraged to provide input via the website. For the purpose of this application, we updated the public input section to relate to the needs assessment process and the top 20 needs that emerged from the formal stakeholder Q-Sort process. Four questions were asked on the website: 1) What are your suggested "Top 10" needs/problems from the top 20 needs/problems list; 2) Do you have suggestions for a specific performance measures to address these needs (e.g., percent of women who use tobacco during pregnancy); 3) Please list any other comments; and 4) Please select from the list which best describes you. (The drop down list of options for how the respondent best identifies him or herself includes choices for professional agency type, interested Wisconsin citizen, and student). The public input page is located at http://dhfs.wisconsin.gov/DPH_BFCH/PublicInput.asp.

Public Input Results - The request for comment was sent to many public health providers in Wisconsin including all local health agencies, the five DPH Regional Offices, MCH Statewide Projects, the five Regional CSHCN Centers, MCH Coalition members, MCH Advisory members, ECCS partners and the Birth Defects Council. We also placed the request for comment on various web-based/electronic communication systems to include: the Wisconsin Health Alert Network, MCH/CSHCN Update and the Children's Health Alliance of Wisconsin listserv. When the request for comment was sent respondents were given one month to respond and were asked to share the request with others they felt would be interested in responding.

Public comments were received from 46 different individuals. When added to the 65 respondents to the Q-Sort process described in our Needs Assessment, this results in more than 100 interested individuals throughout Wisconsin having participated in choosing our priority needs. In addition, this method of soliciting public comments on a random basis resulted in a strikingly similar listing of priority needs as that produced from the targeted Q-Sort process. The public input process identified overweight and at-risk for overweight; dental caries; health insurance and access to health care ; child abuse and neglect; teen births; mental health for adolescents and women; low birth weight; smoking among pregnant women; and tobacco use among youth among the highest priorities, coinciding with the results of the Q-Sort process. Also gratifying is that although we had hoped for more local health department participation in the formal Q-Sort process, a clear majority of comments through this web-based public input process were from local health departments (65%), followed by health professionals (15%), community-based organizations (13%), and other interested citizens (7%).

Other selected public input comments received included the need to address: mental health, oral health, and emergency planning for CSHCN; breastfeeding; untreated periodontal disease for pregnant women; social supports for families; and abuse of women. One thoughtful comment posed by a respondent asked us to work on program development, evaluation, and honest dialogue on racism, so we can make a real impact on the poor living conditions that many of our families face. Not everyone offered suggestions for measurements, other than simple percents for a given need. We are encouraged that each year we receive more comments through this web-based public input that can help inform the direction of our Title V Program.